



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Anesthesia Care		
Document:	Departmental Policy and Procedure		
Title:	Storage and Handling of Anesthetic Agents		
Applies To:	All Medical, Anesthesia Technicians, and Nursing Staff in Operating Room		
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1. PURPOSE:

- 1.1 To ensure safe and secure storage of medications in patient care areas.

2. DEFINITIONS:

- 2.1 **Special Handling** – nursing personnel and anesthesia technicians that handle medications, in suitable condition or under refrigeration or Viaflex containers are to adhere to the following guidelines.

3. POLICY:

- 3.1 The Director of anesthesia technician, and all anesthesia technician personnel.
 - 3.1.1 The Director of anesthesia technician s responsible for the storage of anesthetics medications used as governed by hospital policy and procedure. He is responsible for ensuring support and assistance in the execution of the policy outlined in the document and in its application to the performance of employees under his/her direction.
- 3.2 The policy for the storage of medications in patient area is detailed below:
 - 3.2.1 Medication will be stored in specialized compartments in the automated drug cabinets or secured drawers at all times when in use.
 - 3.2.2 Storage areas shall be accessible only to designated and authorized personnel.
 - 3.2.3 The proper environmental control (i.e. proper temperature, light, and humidity, conditions of sanitation, ventilation, and segregation) will be maintained wherever controlled substances and supplies are stored in patient care areas.
 - 3.2.4 Medications will be stored in an orderly manner in medication drawers and in carts of sufficient size to prevent crowing or in separate compartments in the automated drug cabinet.
 - 3.2.5 Medication bearing an expiration date will not be dispensed or distributed beyond the expiration date.
 - 3.2.6 Expired, discoloured, damaged, or inappropriately labelled controlled substances shall be returned to the pharmacy for proper credit and/or disposal.
 - 3.2.7 The head technician will perform monthly audits of patient care areas to ensure compliance with proper patient safety considerations regarding the storage of pharmaceuticals.
- 3.3 Anesthesia technician personnel should adhere to the following guidelines regarding the storage of medications in patient care areas.
- 3.4 Assigned Anesthesia technician personnel shall perform monthly audits of medication storage areas and shall document that proper environmental control is maintained.
- 3.5 All anesthesia technician personnel must observe proper storage and labelling requirements for all controlled substance during the performance of their daily tasks.
- 3.6 Shall demonstrate safety in regard to the potency of medications administered as evidenced by:
 - 3.6.1 Removal of out-dated medications from active stock, returning them to the pharmacy where they will be quarantined together until all such medications are disposed of according to the policy and procedure 6.40 "Drugs returned from Clinics, Departments, and Nursing Stations."

- 3.6.2 Labelling of all medications prepared for IV administrations with patients' name, date and time of preparation with employee initials, medication name, dose and solution base.
- 3.6.3 Assembling ready-to-use (e.g. Bristoject) syringes only when administration is imminent. If pre-assembled in anticipation of need (other than on-going crisis), each syringe must be labelled with date and time of assembly, including employee's initials. Pre-assembled syringes that are NOT used must be discarded within 24 hours.
- 3.6.4 Removing intravenous solutions from their outer protective wrapping just prior to administration. If removed from their protective wrapping, and not used immediately, each must be labelled with date and time of removal and include the employee's initials. Intravenous solutions that have been removed from the outer protective wrapping must be discarded within 15 days.
- 3.6.5 Limiting use of multi-dose containers for single patient use unless reasonably justified. Multi Dose Vials must be discarded when the manufacturer's expiration date is reached (See Multi Dose Vials Policy 7.28) Vials marked as single dose shall be discarded immediately after use.

4. PROCEDURE:

- 4.1 Special Hadling: Nursing personnel that handle medications, in suitable condition or under refrigeration or Viaflex containers are to adhere to the following guidelines.
 - 4.1.1 Refrigeration: Medications must be stored at appropriate temperatures according to the following:
 - 4.1.1.1 Room Temperature: between 15°C & 30°C (59°F & 86°F).
 - 4.1.1.2 Cool Place: between 8°C and 15°C (46°F and 59°F).
 - 4.1.1.3 Refrigerate: between 2°C and 8°C (36°F and 46°F).
 - 4.1.1.4 Freeze: between -20°C and -10°C (-4°F and 14°F).
- 4.2 Medications removed from the refrigerator or freezer must be labeled with the date and time of the medication removal and its new room temperature expiration date. These items will not be returned to stock, but discarded in accordance to the manufacturer's stability guidelines.
- 4.3 Medication refrigerators shall have a working thermometer ensuring the proper temperature range.
- 4.4 Medication refrigerators shall not be used to store food.
- 4.5 A temperature log must be maintained for each medication refrigerator. The documentation must indicate that the temperature is monitored on a daily basis.
- 4.6 The manufacturer's expiration date requires storage of the following items at temperatures between 2° and 8°C. Removal from refrigeration, regardless of whether the item was re-refrigerated or not, requires that these items be used within the guidelines shown below:

4.6.1	ITEM	STABILITY AT ROOM TEMP (not to exceed 75°F)
	Pancuronium Bromide (Pavulon)	6 months
	Insulin, Human (Humulin)	28 days
	Lorazepam (Ativan)	60 days

- 4.7 IV Solutions: Once removed from the protective over wrap, IV solutions are to be stored for no more than the time periods shown below:

4.7.1	CONTAINER SIZE	STABILITY AT ROOM TEMPERATURE (not to exceed 75°F)
	50 ml	15 days
	100 ml or greater	30 days

- 4.8 Viaflex containers may be placed in warmers if the protective over wrap is not removed and the temperature does not exceed 115°F according to the guidelines shown below:

4.8.1	CONTAINER SIZE	STABILITY AT ROOM TEMPERATURE (not to exceed 115°F)
	25 ml	Manufacturer's shelf life

Note: Once removed from warmer, solution may not be reheated. Solution should be discarded.

- 4.9 Required Assigned anesthesia technician personnel must record the findings of his/her monthly of each documentation medication storage area. The results are distributed to:

- 4.9.1 Director of Area Surveyed
- 4.9.2 Director of Pharmacy

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Nurses
- 6.2 All Pharmacy Personnel
- 6.3 The Director of Pharmacy
- 6.4 Anesthesia Technicians
- 6.5 Anesthesia Technician Head

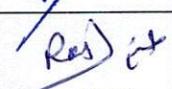
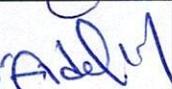
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Ministry of Health Policy and Procedures.
- 8.2 Applied Therapeutics, the Clinical Use of Drugs.
- 8.3 Product Information, Wyeth Laboratories Technical Service.
- 8.4 Product Information, Baxter Healthcare Corporation.

9. APPROVALS:

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